

## Options Appraisal: Healthy Families Programme

### Introduction

The Authority has statutory responsibilities to deliver services to the population of Nottinghamshire aged 0-19. The Nottinghamshire Healthy Families Programme is the mechanism by which these services are provided.

The current contract for delivery of the Nottinghamshire Healthy Families Programme will end on 31<sup>st</sup> March 2024 (or potentially 30<sup>th</sup> September 2024, if the current contract is extended).

This options appraisal considers how the Nottinghamshire Healthy Families Programme may be provided in the future.

### Commissioning context

The current national and local direction of travel is towards greater integration of healthcare services to ensure high quality care and long-term stability for local populations. To promote this integration, the Health and Care Act 2022 established the role of:

- Integrated Care Partnerships, which bring together health, social care, the voluntary sector, and other partners to address broad health, public health, and social care needs of the local population; and
- Integrated Care Boards, which are tasked with the commissioning and oversight of the majority of NHS services.

The Act formalises the role of Integrated Care Systems and creates a legislative framework that supports integration of services to best meet the needs of the local population

### The Healthy Families Programme: 'what' and 'how'

The key objectives and outcomes required – 'what to deliver,' are to ensure:

- there is a high-quality public health nursing service, known locally as the Healthy Families Programme, in place from 1<sup>st</sup> April 2024 (or 1<sup>st</sup> October 2024 if extended),
- best value, in terms of cost and quality,
- the delivery of good outcomes for children, young people, and families,
- that the Healthy Families Programme is integrated within the local system, working closely together with other services for children, young people, and families,
- that the service design and contracting arrangements retain the flexibility to transform to meet the needs and opportunities of the wider system in addition to the statutory delivery.

These key objectives and outcomes will be considered throughout the development of the service design for the future Healthy Families Programme. They will result in a document describing what is to be delivered.

### How to deliver

The following overarching options are identified:

- Option 1: Going out to procure via a competitive tender: Tender the contract, via the most appropriate route. This option includes 1A: tendering a single, integrated service for 0 to 19's, and 1B - tender the service as separate lots, splitting activity into discrete bundles of service delivery.
- Option 2: Co-operation: Award the contract to the incumbent provider, using a specific co-operation exemption. This applies where there is sufficient evidence of genuine co-operation between the contracting parties that is in the public interest.
- Option 3: Provide the 0-19 Healthy Families Programme from within the Council.
- Option 4: Do not provide the 0-19 Healthy Families Programme. This is not an option, as the Authority has a statutory responsibility to ensure that the Department of Health and Social Care's Healthy Child Programme is provided to the local resident population and therefore this option is not considered further.

- Option 5: 'Call off' from a framework contract: This would require the Council to 'call off' services from a neighbouring authority or national framework to supply the services required for the 0-19 Healthy Families Programme. This is not a viable option for this service. There are no such frameworks in place for this type of service due to the requirements around service delivery, resource, and integration with Health systems and therefore this option is not considered further.

**Option 1: Competitive: Tender the contract, via the most appropriate route.**

This consists of two options: 1A - tender a single, integrated service for 0 to 19's, and 1B - tender the service as separate lots, splitting activity into discrete bundles of service delivery.

<p><b>Description</b></p> <p>A competitive tender process that invites bidders to either:</p> <ul style="list-style-type: none"> <li>tender for delivery of the defined service, with bids evaluated against a set of fixed criteria (open procedure), OR</li> <li>enter into a period of dialogue and / or negotiation (competitive dialogue)</li> </ul>	
<p><b>Option 1 A – Tender a single, integrated service</b></p>	
<p><b>Strengths and opportunities</b></p> <p>(1) Well established process that commissioner and provider are familiar with.</p> <p>(2) Allows any potential new provider to bid for the contract.</p> <p>(3) Reflects the established approach, under the Public Contract Regulations (2015).</p> <p>(4) Provides an opportunity to design a tender process that focuses on delivering a best-value, high-quality collaborative service in conjunction with other services for children, young people, and families, and ensures there is definitive evidence of the winning bidders ability to deliver this.</p>	<p><b>Weaknesses and threats</b></p> <p>(1) There is a risk that no other provider will bid for the contract: A robust competitive tender process was carried out in 2015 which included a focus on delivering a high-quality service in partnership with other services for children, young people and families. Despite carrying out extensive market development activity including early publication of a prior invitation notice and a series of bidder events only one bid was received, from the incumbent provider, Nottinghamshire Healthcare NHS Foundation Trust. We assess that there is a high risk of there being no other local providers and that the uncompetitive nature of the resulting tender process would be unlikely to deliver best outcomes and value for money for the Council.</p> <p>(2) A competitive tender process reduces the opportunity for further service development and transformation over the 12-to-18-month tender cycle. Competitive tender changes the focus of activity, restricting the extent and pace of any collaboration with the current provider during a tender process.</p> <p>(3) Undermines the national and local direction of travel towards greater integration and collaboration of healthcare services as summarised under 'commissioning context' in the introductory</p>

	<p>section above. A competitive approach to the procurement of the Healthy Families Programme is likely to be inconsistent with the approach taken by ICB partners regarding other services for 0 to 19s delivered by Nottinghamshire Healthcare NHS Foundation Trust.</p> <p><b>(4)</b> Workforce attrition at a time of national shortage: Uncertainty around the future of the contract is likely to cause instability in the workforce with anxiety about TUPE processes. Historically we have seen significantly increased turnover where services are competitively tendered, attrition in Quarter 4 of 2016-17 was higher than at any time during 2021-22. It is important to note here that there are national shortages of qualified health visitors and school nurses, and retention is therefore a key consideration for the Council.</p> <p><b>(5)</b> The current provider of the Nottinghamshire HFP has access to the community health estate of Nottinghamshire Healthcare NHS Foundation Trust which is currently free-of-charge and likely to continue in the future. This means that it is likely that estates costs do will have to be met within the budget envelope, and integration with other 0 to 19 health services, also delivered from these estates, can be maintained.</p> <p><b>(6)</b> Whilst it is possible to describe and assess joint working arrangements within a competitive tender process, the level of integration between the Healthy Families Programme and other NHS services for children, young people, and families, currently delivered by Nottinghamshire Healthcare NHS Foundation Trust would be a significant challenge for any alternative provider.</p>
<b>Option 1B – tender separate lots</b>	
<p><b>Strengths and opportunities</b></p> <p>As option 1A, plus:</p>	<p><b>Weaknesses and threats</b></p> <p>As points (2) to (6) in option 1A, plus:</p>

<p>(5) May be more attractive to potential bidders with expertise in one or other element of service delivery.</p> <p>(6) May represent an increased opportunity to integrate discrete elements of the service within the wider Council's early help offer.</p>	<p>(7) Results in the fragmentation of an established integrated service which may have an adverse impact on integration and collaboration across health and care services, including early help and children's transitions.</p> <p>(8) Introduces the potential for multiple providers delivering different elements of the 0 to 19 Healthy Child Programme, which may result in:</p> <ul style="list-style-type: none"> <li>• increased management and overhead costs, adversely impacting the cost-effectiveness of the service,</li> <li>• poorer service user experience and outcomes as a result of the involvement of multiple practitioners.</li> </ul>
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**Option 2: Co-operation: Award the contract to the incumbent provider utilising a specific co-operation exemption.**

<p><b>Description</b></p> <p>A co-operative approach enables commissioners to award a contract when a specific co-operation exemption applies. This applies where there is sufficient evidence of genuine co-operation between the contracting parties that is in the public interest.</p>	
<p><b>Strengths and opportunities</b></p>	<p><b>Weakness or threats</b></p>

<p><b>(1)</b> Enables the Healthy Families Programme to continue to be delivered in close integration with other community health services for children and young people also provided by NHFT, such as services for children and young people with special education needs and disabilities, child and adolescent mental health services, and support for those transitioning to adult services.</p> <p><b>(2)</b> There are several aspects of the Healthy Families Programme that are integrated, jointly delivered, or have shared posts with other services for children and families also provided by NHFT, including, but not limited to an integrated speech language and communication pathway, an integrated continence service and shared provision for children and young people with special education needs and disabilities provision. Co-operation will enable this integration to continue.</p> <p><b>(3)</b> Enables the established referral pathways to and from other NHS services external to NHFT, such as paediatric, neonatal, and maternity services at the three acute hospital Trusts to continue.</p> <p><b>(4)</b> Enables the existing community health estate of Nottinghamshire Healthcare NHS Trust to continue to be used for delivery of many aspects of the Healthy Families Programme. This represents both financial best value, and continued integration with</p>	<p><b>(7)</b> Is in line with the national and local direction of travel towards greater integration and collaboration of healthcare services. Entering a co-operative arrangement for the delivery of the Healthy Families Programme is likely to align with the approach taken by ICB partners regarding other services for 0 to 19s delivered by Nottinghamshire Healthcare NHS Foundation Trust.</p> <p><b>(8)</b> Ensures the Healthy Families Programme is provided by an organisation with a track record of delivering transformation and continual improvement of the service. Via the management of an ongoing transformation plan, Commissioners have negotiated a number of service design changes during the lifetime of the current contract, based on new and emerging evidence of effective practice. This includes the introduction of interventions underpinned by the Nottinghamshire Best Start Strategy.</p> <p><b>(9)</b> Enables commissioner and provider to focus attention and resource over the remainder of the current contract on continual service improvement and further transformation.</p> <p><b>(10)</b> Enables a medium-to-long term workforce plan to be developed to help tackle recruitment / capacity issues due</p>	<p><b>(1)</b> Does not enable potential new providers to bid for the contract.</p> <p><b>(2)</b> Directly awarding a contract, based on the co-operation exemption, would carry some legal risk.</p>
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<p>other 0 to 19 healthcare services, which are also delivered from these estates.</p> <p><b>(5)</b> Facilitates an integrated approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19. Access to a complete electronic patient record held by NHFT ensures that safeguarding information is available in 'real time' to clinicians working with families, regardless of which specific service they are working within. This complete record supports both the Council and NHFT with the delivery of their statutory safeguarding duties.</p> <p><b>(6)</b> Secures the well performing, high quality service currently delivered. The Nottinghamshire Healthy Families Programme consistently out-performs the national average and statistical neighbours for the statutory elements of the programme.</p>	<p>to nationally reducing numbers of health visitors and school nurses.</p> <p><b>(11)</b> Enables a collaborative relationship to continue between provider and commissioner throughout the procurement process by removing the 'competitive nature' of tender and facilitates open and honest dialogue without traditional restrictions.</p> <p><b>(12)</b> Secures the continued delivery of positive outcomes for children and families.</p> <p><b>(13)</b> Retains the confidence of service users by maintaining a well-recognised brand.</p>	
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**Option 3: Provide the 0-19 Healthy Families Programme from within the Council**

<p><b>Description</b></p> <p>The 0-19 Healthy Families Programme is transferred 'in house' to be provided directly by Nottinghamshire County Council.</p>	
<p><b>Strengths and opportunities</b></p>	<p><b>Weaknesses and threats</b></p> <p><b>(1) Fragmentation</b></p>

<p><b>(1)</b> Provides an opportunity to fully integrate the Healthy Families Programme with the Council's Children's Centre Service/Family Hubs and the wider Early Help offer.</p> <p><b>(2)</b> May result in cost efficiencies in relation to costs not related to service delivery (corporate 'back office' functions such as HR, finance etc). However, appropriate provision would need to be made for these within the Council.</p>	<p><b>(a)</b> Will result in the fragmentation of several aspects of the Healthy Families Programme that are integrated, jointly delivered, or have shared posts with other health services for children and families provided by NHFT. In some cases, additional investment and service development may mitigate the adverse impact at least in part.</p> <p><b>(b)</b> Creates new and additional integration challenges and potential cost regarding the delivery of the Healthy Families Programme alongside other community health services for children and young people also provided by NHFT, such as services for children and young people with special education needs and disabilities, child and adolescent mental health services, and support for those transitioning to adult services.</p> <p><b>(c)</b> Creates new and additional integration challenges and potential cost in regard to the referral pathways to and from other NHS services external to NHFT, such as community paediatrics, primary care, and neonatal and maternity services at the three acute hospital Trusts.</p> <p><b>(d)</b> Erodes the coherence and consistency of the approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19.</p> <p><b>(e)</b> Creates new and additional integration challenges and potential cost regarding securing access to a complete electronic patient record which currently (i) ensures that safeguarding information is available in 'real time' to clinicians working with families, regardless of which specific health service they are working within, and (ii) is compatible with clinical patient records used by other 0-19 health services including community, acute and primary care NHS services. This is essential to effective service delivery and safeguarding ensuring that information that is critical to the holistic care of children and young people is available across the wider health system.</p>
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	<p><b>(f)</b> Would not be in line with the national and local direction of travel towards greater integration and collaboration of healthcare services as summarised under 'commissioning context' in the introductory section above. The approach would not align with the approach taken by ICB partners regarding other health services for children and young people aged 0 to 19, and their families.</p> <p><b>(2) Workforce</b></p> <p><b>(a)</b> Acquiring the organisational capability and capacity to support the employment of NMC registered clinicians would require significant investment and implementation. NMC registered clinicians are required for the delivery of the mandated elements of the service:</p> <ul style="list-style-type: none"><li>• All health visiting and school nursing services must be registered with the Care Quality Commission. This is a legal requirement as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li><li>• Requirement to ensure that that the workforce meet their legal requirements for professional registration and revalidation with the Nursing and Midwifery Council, (revalidation is a public protection measure and legal requirement for nurses, midwives, and health visitors to practice in the UK)</li><li>• Provision of clinical supervision, continual professional development and access to training and preceptorship</li><li>• Ensuring service delivery is underpinned by research and evidence (including NICE guidelines)</li><li>• The maintenance of 'safe staffing' levels</li></ul> <p><b>(b)</b> Past experience demonstrates that uncertainty around the future of the service/employer causes instability in the workforce with anxiety around TUPE and loss of professional identity as NHS nurses. Likely to result in workforce attrition at a time of national shortages of qualified health visitors and school nurses. Retention is therefore a key consideration for the Council.</p>
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**(c)** The perceived loss of NHS identify is likely to affect ongoing recruitment and retention efforts across this workforce.

**(d)** There would be TUPE implications requiring the transfer of the current workforce to the Council's employment on NHS Agenda for Change terms and conditions. (NHS Agenda for Change terms and conditions are not in line with the Council's terms and conditions potentially resulting in an inequity across similar pre-existing Council roles).

**(3) Financial considerations:**

**(a)** The Council would incur the additional cost of developing a clinical management infrastructure to support the service, including the identification of a lead professional health visitor/school nurse who will be responsible for implementing and leading the Standards for employers of public health teams in England.

**(b)** Whilst the Council already has a direction order in place to facilitate the continuation of the NHS pension for a small number of existing staff, the Authority would be responsible for the maintaining access to, and providing employer contributions to the NHS pension scheme for a much larger workforce.

**(c)** The current community health estate of Nottinghamshire Healthcare NHS Foundation Trust is free-of-charge to the current provider. Securing an appropriate estate that facilitates clinical service delivery is required for the effective the provision of the service. Providing equally suitable accommodation in community locations is likely to be problematic and costly for the Council.

**(d)** Other financial considerations include: ensuring access to continuing professional development and mandatory clinical training in line with legal requirements, and the costs of relevant indemnity insurance to cover the services provided.

	<p><b>(4)</b> Potential loss of the well performing, high quality service currently delivered. The current Healthy Families Programme consistently outperforms the national average and statistical neighbours for the statutory elements of the programme and benchmarks well when compared to local authorities who have brought their 0-19 service in-house.</p> <p><b>(5)</b> Does not facilitate the continuation of a robust collaborative relationship between provider and commissioner for the remainder of the current contract period. This limits opportunity to focus on transformation and integration with the Council's Early Help offer.</p> <p><b>(6)</b> Would not maintain a well-recognised NHS facing Healthy Families Programme brand, risking the loss of the confidence of service users.</p>
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## Conclusion

Option 2 emerges as the preferred option due to the various strengths and opportunities identified above, when compared to the limited weaknesses or threats. This option enables the Nottinghamshire Healthy Families Programme to continue to be delivered in close integration with other community health services for children and young people also provided by NHFT. It secures a well performing, high quality service and enables commissioner and provider to focus attention and resource over the remainder of the current contract on continual service improvement and further transformation.

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